

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number 09/845960		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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**BEST AVAILABLE COPY**

CLAIM		DATE						
FINAL	ORIGINAL							
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